Loeb concludes as follows: In our opinion the increase of blood pressure in nephritis is of a regulatory nature, proceeding from the glomeruli. Whether the regulation arises as a reflex or a chemical phenomenon remains undetermined.

The Hemorrhagic Form of Cirrhosis of the Liver.—VON ALDOR (*Berl. klin. Wochenschr.*, 1905, xlii., 1115). Hemorrhages of varying grade are common even in advanced stages of cirrhosis of the liver. They occur usually in from 12 to 15 per cent. of cases, and Hardicti observed them in thirty of fifty-two cases. Of special interest, however, are patients in whom a profuse hemorrhage is the first symptom of the disease. The tendency of such hemorrhages to recur prompted Maixner to draw a special clinical picture. The cause of the hemorrhage is the portal obstruction, leading to intense congestion in its radicles and the formation of large varices in the areas where collateral circulation is established. It has been frequently shown at autopsy that the bleeding has come from the rupture of such varices, and the enlarged veins in the lower portion of the œsophagus are a favorite point of origin for the hemorrhage. In other instances the hemorrhage seems to be a capillary oozing or to come from erosions. A special feature of Maixner's cases and of those reported by von Aldor is the very large size of the spleen, a size extremely unusual in cirrhosis of the liver. One is immediately struck with the clinical resemblance to Banti's disease or splenic anæmia, and von Aldor observes that cases described in the literature as splenic anæmia are indistinguishable from Maixner's form of hemorrhagic cirrhosis. This resemblance is emphasized by the similarity of the blood pictures. There are authors who do not consider splenic anæmia a specific disease, grouping such cases as unusual forms of cirrhosis of the liver.

The Treatment of Exophthalmic Goitre by a Specific Serum.—ROGERS (*Journal of the American Medical Association*, February 17, 1906, p. 487) has treated ten cases of Graves' disease by the use of what he claims to be a specific cytotoxic serum. He accepts the view that exophthalmic goitre is due to overactivity of the thyroid gland and that the active principle of the thyroid secretion is a globulin containing iodine, called thyroglobumin. The serum was prepared by S. P. Beeb by the use of two thyroid glands obtained at autopsy from two fatal cases of exophthalmic goitre. The glands were of the large, soft, cellular type. From the material he made a thyroid cytotoxin for man in the same manner as he had already made the kidney cytotoxin for the dog. The glands were ground to a pulp and extracted with normal salt solution. The nucleoproteids were precipitated from the filtrate by acidification. The supernatant liquid was siphoned off and half saturated with ammonium sulphate, which carried down the remaining nucleoproteids and the globulins, including the thyroglobulin or supposed active secretion of the thyroid. These precipitates were combined, and after removing the neutral salt by dialysis, were used for injecting into rabbits. Three different sera, designated A, B, and C respectively, were made by injecting these proteids intraperitoneally into rabbits at five days' intervals and bleeding the animals eight days after the last injection. The blood serum thus obtained constituted the specific cytotoxic serum and was used for therapeutic purposes.

From 1 to 2 c.c. of the serum were injected at a dose. Some cases only required one, while other cases received several injections. The injections were usually followed in four or five days by a very marked erysipelatous erythema with swelling about the point of puncture. There was generally a sharp rise in temperature and unpleasant cardiac disturbances in the form of irregularity or tachycardia, and in one case bradycardia. In a number of the cases there was, according to the writer, either a complete cure of the disease or a marked reduction in the pulse-rate and exophthalmos, with amelioration of the nervousness and sleeplessness. Of the ten cases treated Rogers asserts three were apparently cured, three rescued from a critical condition and now approaching a cure, and the others more or less improved.

Rogers recognizes the limitations of this line of treatment and says that, owing to the difficulty in securing the glands from cases of exophthalmic goitre, the remedy cannot be put on a commercial basis.

SURGERY.

UNDER THE CHARGE OF

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Temporary Fixation of Testis to Thigh.—KEETLY (*Lancet*, July 29, 1905, p. 279) recommends the following operation for keeping down an undescended testis:

The cord and testis are first freed from the surrounding structures. The main incision is made over the inguinal canal and external ring. Two other incisions are made in the great majority of cases, one about one and one-quarter inches long at the bottom of the scrotum, and the other of the same size in the upper and inner part of the thigh adjacent to the scrotal incision. Before cutting the scrotal incision a bed is made in the scrotum by the finger to receive the testis and the scrotal incision divides all the layers down to this bed. The thigh incision exposes the fascia lata. The testis having been freed is drawn through the scrotal opening by the gubernacula, which are sutured by catgut to the fascia lata in the thigh incision, and the margins of the incisions in the scrotum and thigh are sutured to each other by silkworm gut. The congenital hernia, which is generally present, is operated on radically as the surgeon thinks best.